



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

December 19, 2006

FILE COPY

Bryan Elliott, Administrator  
Regent at Willow Park Assisted Living  
2600 N Milwaukee Ave  
Boise, ID 83704

License #: RC-561

Dear Mr. Elliott:

On November 15, 2006, a life safety code survey was conducted at Regent at Willow Park Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

CL/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 17, 2006

FILE COPY

Bryan Elliott, Administrator  
Regent at Willow Park Assisted Living  
2600 N Milwaukee Ave  
Boise, ID 83704

Dear Mr. Elliott:

On November 15, 2006, a life safety code survey was conducted at Regent at Willow Park Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 15, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R561</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/15/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW PARK ASSISTED LIVING, REGENT A</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 N MILWAUKEE AVE BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 15, 2006.</p> <p>The surveyors conducting the survey were:</p> <p>Chris Laumann, Team Leader Health Facility Surveyor Facility Fire safety &amp; Construction</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

4P1W21

If continuation sheet 1 of 1



**BUREAU OF FACILITY STANDARDS**  
**P.O. Box 83720**  
**Boise, ID 83720-0036**  
**(208) 334-6626 fax: (208) 364-1888**

## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name	Physical Address	Phone Number
Willow Park Assisted Living/Regnt Administrator	2600 N. Milwaukee City	(508) 373-1234 ZIP Code
Brian Elliott Survey Team Leader	Boise, Id.	83704
Chris Loumann	Fire Life Safety	11/15/06

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

12/15/00

Facility Representative